ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	10-23-0
I ORMALITY REVIEW	mo	579	10/31/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

,	Rejected	N	Non-elected
-	Allowed	- 1	Interference
	(Through numeral) Canceled	Α	Appeal
	Restricted	0	Objected

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Claim	Date	Claim	Date	Claim	Date
Final Co. No. No. No. No. No. No. No. No. No. N		Final Original	5	19	
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			311111	108	
	+++++		 	100	,
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10	+++++	61 1	3++++	H 1 110	
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13 111	+++++	62	 	113	-
14	+++++	64	+++++	114	·
15	+++++	65	++++++	1 115	_
16	+++++	66	 	116	
17 🗸	++++ +	(67)	+++++	117	
18000	+++++	68	 - - - - -	118	
19	+++++	69	 	119	
20	++++		#++++	120	
		A 70	*	121	
		72		122	-1-1-1-1-1-1-1-1-
23 0 1		73	++++ +	123	
24 0	+++++	74	-+-+-+-	124	
25 V	+++++	75		125	
26	+++++	76	-+-+-+-	126	
2017	++++++++++++++++++++++++++++++++++++	77	+++++	127	
28 1 1	++++++	78	+++++	128	
29	++++++++++++++++++++++++++++++++++++	79		129	
	++++++++++++++++++++++++++++++++++++	80	++++++++++++++++++++++++++++++++++++	130	
31	++++++++++++++++++++++++++++++++++++	81		131	
32		82		132	
32 =		83		133	
34		84		134	
35		85		135	
36		86		136	
37		87		137	
38		88		138	
39		89		139	
(B)		90		140	
41		91		141	
42		92		142	
43		93		143	
44		94		144	
45		95		145	
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400 VV		97		147	
48	\Box	98		148	
49	+++++	99	+++++	149	
50	لللللل	100		150	

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If more than 150 claims or 10 actions staple additional sheet here

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